IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 125255 PIN# 4840-90-7942 DATE 2-7-05

OWNER OR CONTRACTOR RIVEREDEN, LLC PHONE: Business (704) 609-7745 Home

ADDRESS PO BOX 17?? LINCOLNTON NC 28093

LOCATION I-77N TO MALIN MILL RD (EXIT 59) TL JOSEY TL OLIN LOT ON LEFT

SUBDIVISION OLIN GLEN BLOCK / SECTION I LOT 5 LOT AREA 0.4 ± SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.309 gpd/ft²

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: PUMP 25% REDUCTION

Repair System Description: LOW-PRESSURE PIPE

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms No. Employees

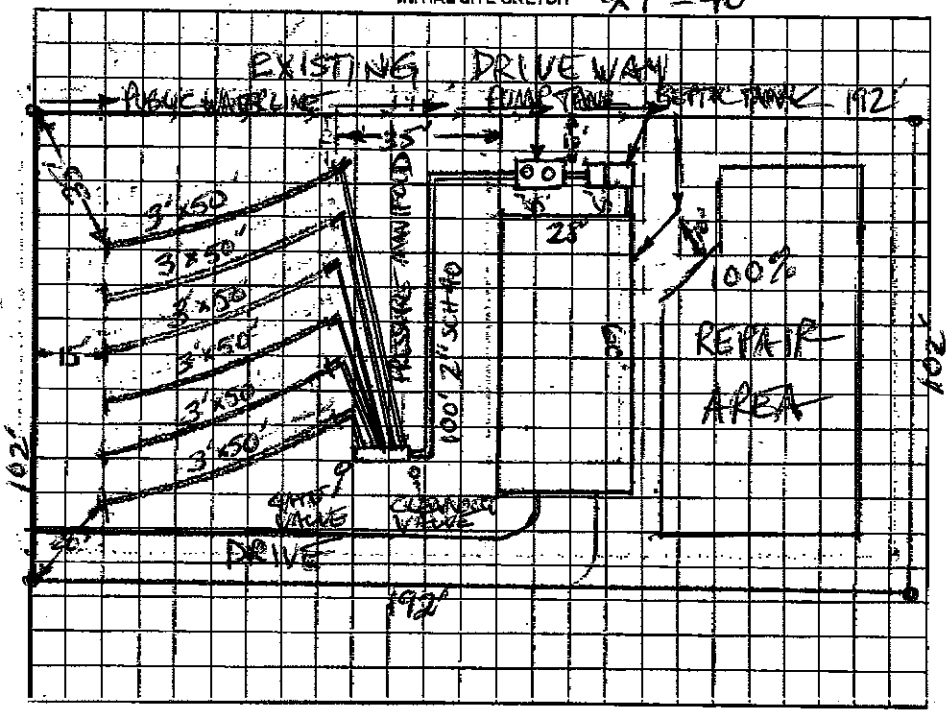
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

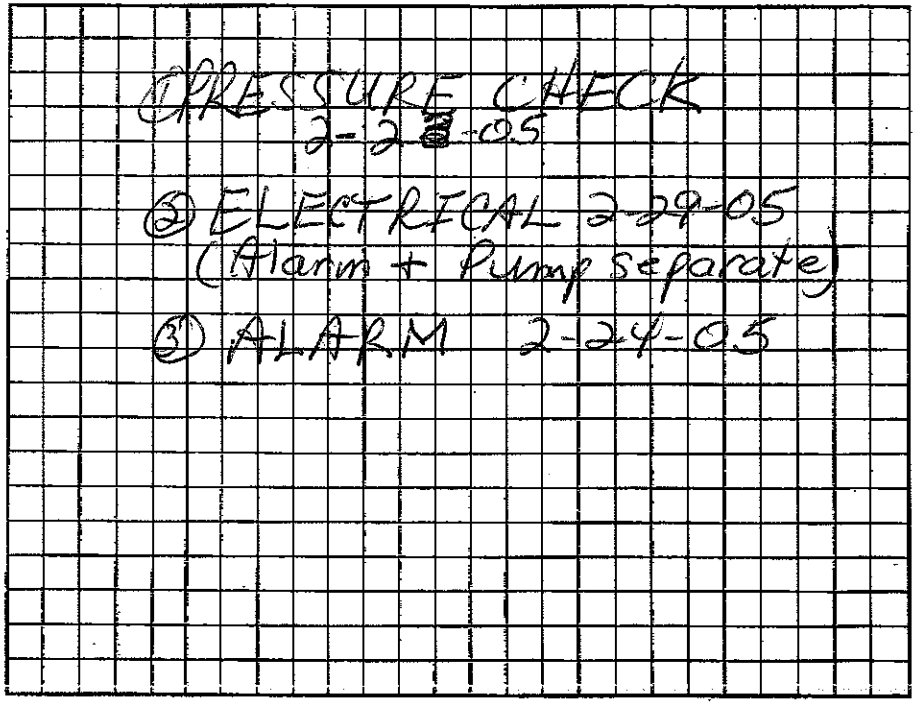
Comments/Conditions: ① INSTALL LINES NO DEEPER THAN 24" ON CONTOUR ② MAINTAIN ALL SETBACKS ③ CALL FOR PUMP SIZING & SYSTEM SPECS IF NECESSARY

Comments/Conditions:

INITIAL SITE SKETCH *1"=40'



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 2/7/05 Installed by: ABEE'S GRADING

Improvement Permit by: LSS date 2-7-05 Operation Permit by: LSS date 2-24-05

Authorization to Construct by: LSS date 2-9-05 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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